DECLARATION FOR UTILITY OR

Attorney Docket Number

5067.001

Approved for use through 10/31/2002, OMB 0951-0932
U.S. Palani and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DESIGN PATENT APPLICATION		First Named Invent	or Kim	berley	Friedman
		COMPLETE IF KNOWN			
(37 CFR	Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Application Number			
XXX Declaration		Filing Date			
Submitted OR with Initial		Art Unit			
Filing		Examinar Name			
As the below named Inventor, I he	reby declare that-				
My residence, mailing address, and o		Ow next to my name			
I believe I am the original and first inv			olch a natont is n	Auchlan ba	
DISTRIBUTION	OF LOCATION	SPECIFIC ADV	ERTISING	INFOR	MATION
VIA WIRELESS CON	MUNICATION N	ETWORK			
					ļ
					1
	(Title of the li	nvention)			
the specification of which		•			
is attached hereto					
or —					
was filed on (MM/DD/YYY)		as United States A			
L			ppiicauon rumoi	er or PCT Inte	rnational
Application by sub-		_			•
Application Number	and was amende	ed on (MM/DD/YYYY)		(if a	pplicable).
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.					
any amendment specifically referred to	above.	The above identified specific	ication, including	the claims, a	s amended by
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the fitting date of the prior application and the national or PCT international fitting date of the continuation-in-part application.					
international rangidate of the continuation	on-in-part application	. are mind date of the bitol t	abbacemon and n	se usitional of	PCI
I hereby cleam toreign priority benefits u breeder's rights certificate(s), or 365(a) States of America, listed below and ha	inder 35 U.S.C. 119(a)-(d) of any PCT international	or (f), or 365(b) of any forel	gn application(s)	for patent, in	ventor's or plant
States of America, listed below and habreder's rights certificate(s), or any Polaimed.	ve also identified below, by 'CT International application	y checking the box, any for in having a filing date befo	eign application re that of the a	for patent, in pplication on	ventor's or plant which priority is
Prior Foreign Application		Foreign Filing Date	Priority		opy Attached?
Number(s)	Country	(MM/DD/YYY)	Not Claimed	YES	NO NO
	1	1			
Additional foreign application numb	ers are listed on a supplen	nental priority data sheet PT	O/SB/02B attac	hed hereto:	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will very depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Weshington, DC 20231.

PTO/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 0851-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it centains a valid OMB centrol number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: XX Customer Num or Bar Code Le		7324 OR	Correspondence address bel	ow
Name				
Address				
City		State	ZIP	
Country	elephone		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SOLE OR FIRST INVENTOR:	A petition i	has been filed for th	nis unsigned inventor	E S G
Given Name (first and middle [if any]) KIMBERLEY		Family Name FR	EDMAN	E SIGN & TAT
Inventors Signature			Date 1/30/0	
Residence: City Ft. Lauderdale	State FL	Country U	USA Citizenship USA	
Mailing Address 2900 N. R. 30th Street				
Cay Ft. Lauderdale	State FL	ZIP 3303	6 Country US	
NAME OF SECOND INVENTOR:	A petition ha	s been filed for this	unsigned inventor	c g/G
Given Name (first and middle [if any]) MICHAEL M.		Family Name AN	THONY PLEAS	& DA
Inventor's Signature			unsigned inventor THONY Date //30/69	L.
Residence: City Coral Springs	State FL	Country	S Citizenship USA	
Mailing Address 10189 W. Sample	Road			
CHy Coral Springs	State FL	ZIP 330	65 Country US	
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.				

Please type a plus sign (+) inside this box		070/09/04 400		
Hader the Decument Poductice Act of 1995		PTO/SB/81 (02-01) 1 for use through 10/31/2002 OMB 0651-0035 k Office: U.S. DEPARTMENT OF COMMERCE		
Under the Paperwork Reduction Act of 1995, no persons are required to	Application Number	on unless it display a valid OMB control number.		
	Filing Date			
DOWED OF 4	First Named Inventor	Kimberley Friedman		
POWER OF ATTORNEY OR	Title	Distribution of		
AUTHORIZATION OF AGENT	Group Art Unit			
	Examiner Name			
	Attorney Docket Number	5067.001		
I hereby appoint: XXX Practitioners at Customer Number OR Dractitioner(s) named below:	27324	*PTCAPak* Number Bar Code Lang 7.3924		
Name	9-	PATENT TRADEMARK OFFICE		
Hame	Re	gistration Number		
as my/our attomey(s) or agent(s) to prosecute the business in the United States Patent and Tradema	application identified abo	ove, and to transact all		
Please change the correspondence address for th				
The above-mentioned Customer Number. OR Practitioners at Customer Number OR		Place Customer Number Bar Code Label here		
Firm or Individual Name	-			
Address				
Address				
City	State	Zip		
Country				
Telephone	Fax			
I am the: Applicant/Inventor.				
Assignee of record of the entire interest. Se Statement under 37 CFR 3.73(b) is enclose	ee 37 CFR 3.71.			
SIGNATURE of Applica	int or Assignee of Record	OF OWN		
Name NIMBERLEY FRIEDMAN PLEASE SIGN Signature				
Signature		80		
Date (1/30/04)				
NOTE: Signatures of all the inventors or assignees of record of the forms if more than one signature is required, see below.	entire interest or their represer	ntative(s) are required. Submit multiple		
☐ *Total of forms are submitted				

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Total of

____forms are submitted.

Please type a plu Under the Paperwork F				PTO/SB/81 (02-01) for use through 10/31/2002. OMB 0851-0035 to Office; U.S. DEPARTMENT OF COMMERCE in unlass II display a valid OMB control number.
Section 2 are required to			Application Number Filing Date	witheas it display a valid cools control number,
POWER OF ATTORNEY OR AUTHORIZATION OF AGENT		First Named Inventor	Kimberley Friedman	
		Title	Distribution of	
		Group Art Unit	2250115dClon G1	
		Examiner Name		
			Attorney Docket Number	5067.001
				3337.301
as my/our attobusiness in the Please change	mey(s) one United the correction	Customer Number named below: Name or agent(s) to prosecute the States Patent and Tradema espondence address for the ned Customer Number.	application identified abo	ewith.
Firm or Individual N	ame	· · · · · · · · · · · · · · · · · · ·		Label hare
Address				
Address				
City			State	Zip
Country				
Telephone			Fax	
I am the: Applican Assigned Stateme	e of reco	or. ard of the entire interest. See 37 CFR 3.73(b) is enclosed	37 CFR 3.71.	
		SIGNATURE of Applican		-CN
Name	MICHAEL M. ANTHONY			TI FASE SHATE
Signature		Was .		PLEASE SIGN & DATE
Date		1/30/04	,	
	the invent	ors or assignees of record of the	entire interest or their represent	lative(s) are required. Submit multiple

Burden How Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.